



DENTAL BOARD OF CALIFORNIA
1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
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www.dbc.ca.gov

**NOTIFICATION OF NAME CHANGE**

(B&P § 1654, CCR §§ 1012, 1013, 1021)

I hereby certify I am currently licensed to practice as a dentist in the State of California and a holder of license number _____ which was

issued under the name of _____
(First) (Middle) (Last)

I have assumed the name of _____
(First) (Middle) (Last)

based on the following (check one): ☐ Court Order ☐ Marriage ☐ Naturalization
☐ Dissolution of Marriage ☐ Other (specify) _____

Full Address _____
(Street) (City) (Zip)

Telephone number(s) you can be reached at if needed: _____

There is no fee for a name change unless a replacement pocket or wall license is requested. Please check your requests and submit the appropriate fees:

☐ New Pocket License \$50

☐ New Wall Certificate \$50 – Attach original wall certificate.

(If not returning original wall certificate, attach proof of Live Scan fingerprinting **or** submit completed fingerprint cards and an additional \$56 for processing of fingerprint cards.)

☐ I have enclosed a copy of the legal document changing my name. (Required)

*I hereby certify under penalty of perjury under the laws of the State of California that the information set forth above is correct, that the new name is my **legal name**, and that the change is not made for fraudulent purposes.*

Signature

Date